

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2001 8:00 am
Secretary of State
 03-28-2001 90184 050 ****61.25

0024161

DOCUMENT # N96000001228

1. Entity Name

THREE PALMS HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~C/O NORMAN STEIN~~
~~31245 THREE PALMS LN~~
~~TAVARES FL 32778~~

~~C/O NORMAN STEIN~~
~~31245 THREE PALMS LN~~
~~TAVARES FL 32778~~

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3374494

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HODDER, MAURICE
31229 THREE PALMS LN
TAVARES FL 32778

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
 NAME **SCHUL, RAYMOND**
 STREET ADDRESS **31289 THREE PALMS**
 CITY-ST-ZIP **TAVARES FL 32778**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **FRIEZE, MEL**
 STREET ADDRESS **31245 THREE PALMS LN.**
 CITY-ST-ZIP **TAVARES FL 32778**

TITLE **S** ☒ Change ☐ Addition
 NAME **DE FRIEZE, MEL**
 STREET ADDRESS **31245 THREE PALMS LN.**
 CITY-ST-ZIP **TAVARES, FL 32778**

TITLE **D** ☐ Delete
 NAME **TIMM, MARY**
 STREET ADDRESS **31273 THREE PALMS LN.**
 CITY-ST-ZIP **TAVARES FL 32778**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** ☒ Delete
 NAME **PETTY, JULIA**
 STREET ADDRESS **31277 THREE PALM LN**
 CITY-ST-ZIP **TAVARES FL 32778**

TITLE **T** ☒ Change ☐ Addition
 NAME **LEGGETT, MARJORIE**
 STREET ADDRESS **31201 THREE PALMS LN**
 CITY-ST-ZIP **TAVARES, FL 32778**

TITLE **D** ☐ Delete
 NAME **SKINNER, BEATRICE**
 STREET ADDRESS **31286 THREE PALMS LN.**
 CITY-ST-ZIP **TAVARES FL 32778**

TITLE **D** ☒ Change ☐ Addition
 NAME **SKINNER, BEATRICE**
 STREET ADDRESS **31286 THREE PALMS LN.**
 CITY-ST-ZIP **TAVARES, FL 32778**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
 NAME **LEGGETT, ELWOOD**
 STREET ADDRESS **31201 THREE PALMS LN.**
 CITY-ST-ZIP **TAVARES, FL 32778**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

M. J. ALLOUARD
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-01 (352) 343-8943

Date

Daytime Phone #

CR2E037 (10/00)